

LOWNDES COUNTY PUBLIC SCHOOLS
Travel Report – In State

NAME: _____	Period Covered: _____
Title: _____	Location: _____

This Section to be completed in Central Office

Total Miles This Report _____
 *48.5 (rate per mile) _____
 Total Mileage Claim _____
 + subsistence (if any) \$ _____
Total Claim \$ _____

**** All claims must be filed within 30 days of trip****

Date	Departure Time a.m./p.m.	Hour of Return a.m./p.m.	Departure From	Destination	Purpose of Trip	Total Miles (RT)

- Notes:
- List the name and /or address of individual or place visited
 - If more than one point is traveled in a day, list each distance separately.
 - **DO NOT ESTIMATE.** List mileage accurately and to the nearest whole mile. If mileage has assigned for the destination, use assigned miles.
 - Staple pages together if more than one page is required.
 - No reimbursement for travel expenses will be made unless form is fully completed and properly executed
 - If subsistence is required, departure time and hour of return must be completed.
 - If you are leaving and returning on a different date, it must be listed on a separate line.

PLEASE ATTACH ORIGINAL WORKSHOP/CONFERENCE AGENDA(S) AND RECEIPTS(S)

<p><i>I hereby certify that the above stated travel was necessary as a part of my job for the Lowndes County Board of Education.</i></p> <p>Employee's Signature (traveler) _____</p> <p>Supervisor's Signature _____</p> <p>Superintendent's Approval _____</p>
